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CONFIRMATION NO. 7963

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.							
10/526,968	03/07/2005 RULE	004	3751	Q86251							
APPLICANTS Albert Gubeli, Rapperswil, SWITZERLAND; Mario Von Ballmoos, Jona, SWITZERLAND; Peter Schmucki, Eschenbach, SWITZERLAND; Stefan Grob, Jona, SWITZERLAND;											
** CONTINUING DATA ***** This application is a 371 of PCT/CH03/00603 09/08/2003											
** FOREIGN APPLICATIONS ***** SWITZERLAND 1534/02 09/10/2002											
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/22/2005											
<table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged</td> <td> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /TUAN N NGUYEN/ Examiner's Signature </td> <td> <input type="checkbox"/> Met after Allowance Initials </td> <td>STATE OR COUNTRY SWITZERLAND</td> <td>SHEETS DRAWINGS 4</td> <td>TOTAL CLAIMS 25</td> <td>INDEPENDENT CLAIMS 2</td> </tr> </table>					Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /TUAN N NGUYEN/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWINGS 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
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ADDRESS SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800 WASHINGTON, DC 20037 UNITED STATES											
TITLE Flushing device comprising a pressurized chamber and evacuation fitting for a flushing device and system comprising a flushing device and a toilet bowl											
FILING FEE RECEIVED 2110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit							